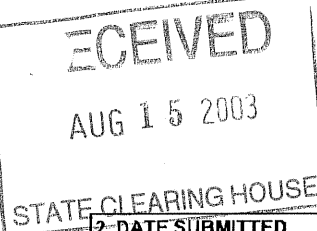


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 7, 2003	Applicant Identifier N/A
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01501
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] [] [] - [] [] [] [] [] [] [] [] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-61068		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Jacob Meyers Campground Development City of Riverbank 6707 Third Street Riverbank, CA 95367	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 19
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 51,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/15/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 51,000 ⁰⁰		
c. State	\$ 00 ⁰⁰		
d. Local	\$ 00 ⁰⁰		
e. Other	\$ 00 ⁰⁰		
f. Program Income	\$ 00 ⁰⁰		
g. TOTAL	\$ 102,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative <i>Betty Ettinger</i>	
e. Date Signed 8/15/03			

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 11, 2003	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01504
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ryder Park Development City of San Mateo 237 Ryder Street San Mateo, CA 94401	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-68252			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 12
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 295,754. ⁰⁰	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/11/03	
b. Applicant	\$ 342,959. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$. ⁰⁰		
d. Local	\$. ⁰⁰		
e. Other	\$. ⁰⁰		
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 638,713. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative Betty Ettinger	
e. Date Signed 8/15/03			

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 13, 2003	Applicant Identifier N/A
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01514
5. APPLICANT INFORMATION			
Legal Name California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94298-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15 - 916 TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-16224		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Corcoran Community Park Development City of Corcoran 1033 Chittenden Corcoran, CA 93212	
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:		
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 20
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 102,000 ⁰⁰	<input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/15/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 248,000 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 350,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative	
e. Date Signed			

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 13, 2003		Applicant Identifier N/A	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01518	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: California Department of Parks and Recreation		
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001			Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []			7. TYPE OF APPLICANT: (enter appropriate letter in box) [A] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Filipponi Acquisition City of San Luis Obispo 990 Palm Street San Luis Obispo, CA 93401		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-68154					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03		b. Project 23	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	102,000 ⁰⁰			
b. Applicant	\$	498,000 ⁰⁰			
c. State	\$	00 ⁰⁰			
d. Local	\$	00 ⁰⁰			
e. Other	\$	00 ⁰⁰			
f. Program Income	\$	00 ⁰⁰			
g. TOTAL	\$	600,000 ⁰⁰			
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? (a) YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/15/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation		c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative Betty Ettinger		e. Date Signed 8/13/03			

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 7, 2003	Applicant Identifier N/A
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01509
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): []-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State H. Independent School Dist. [A] B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][5]-[9][1][6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Heritage Park Development City of Lemoore 119 Fox Street Lemoore, CA 93245	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-41152			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 20
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 55,080.00	<input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/15/03 <input type="checkbox"/> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 55,080.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 110,160.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative Betty Ettinger		e. Date Signed 8/13/03	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 8, 2003	Applicant Identifier N/A
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01526
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-02868		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lopez Lake Rec. Area Dev. County of San Luis Obispo 1087 Santa Rosa Street San Luis Obispo, CA 93408	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 22
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 147,900.00	(a) YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/15/03</u>	
b. Applicant	\$ 147,900.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 295,800.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman	b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8/13/03	

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 8, 2003	Applicant Identifier N/A
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01528
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] [] [] - [] [] [] [] [] [] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-60704		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watchable Wildlife Dev. City of Ridgecrest 100 West California Avenue Ridgecrest, CA 93555	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 40,800 ⁰⁰	<input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/15/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 40,800 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 81,600 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Date Signed 8/13/03	
d. Signature of Authorized Representative <i>Betty Ettinger</i>			

RECEIVED

AUG 13 2003

STATE OF CALIFORNIA HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 7, 2003		Applicant Identifier N/A	
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier SAI-EXEMPT	
3. DATE RECEIVED BY STATE				Federal Identifier 06-01506	
4. DATE RECEIVED BY FEDERAL AGENCY					
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: California Department of Parks and Recreation		
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001			Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []			7. TYPE OF APPLICANT: (enter appropriate letter in box) A		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning			9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06- 75000			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Peterson Park Dev. City of Stockton, Parks and Recreation Department 6 East Lindsay Stockton, CA 95202-1997		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03		b. Project 11	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 51,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/13/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ 62,000 ⁰⁰				
c. State	\$ ⁰⁰				
d. Local	\$ ⁰⁰				
e. Other	\$ ⁰⁰				
f. Program Income	\$ ⁰⁰				
g. TOTAL	\$ 113,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation		c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>				e. Date Signed 8/2/03	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 1, 2003	Applicant Identifier N/A
3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01525	

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: California Department of Parks and Recreation
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001	Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 [] [] - [] [] [] [] [] [] [] []

7. TYPE OF APPLICANT: (enter appropriate letter in box) A

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) [] []
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 Department of the Interior
 National Park Service - Western Region 1443

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 15 - 916
 TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Swim Center Development
 City of Palm Springs
 401 S. Pavillion Way
 Palm Springs, CA 92262

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 06-55254

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:**

Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 44
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15. ESTIMATED FUNDING:

a. Federal	\$	255,000 ⁰⁰
b. Applicant	\$	309,050 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	564,050 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 8/13/2003
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Ruth Coleman	b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed 8-11-03

F. CEIVED

AUG 13 2003

STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 7, 2003	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01531

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 5px auto;">A</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
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8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; font-size: small;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify): _____</div> <div>C. Increase Duration</div> </div>	9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; font-size: large; margin: 5px 0;">1 5 — 9 1 6</div> TITLE: Outdoor Recreation - Acquisition, Development & Planning	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Culver City Parks, Recreation and Community Services Department 4117 Overland Avenue Culver City, CA 90230
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-17568	
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13. PROPOSED PROJECT Start Date: 11/1/03 Ending Date: 6/30/08	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 03 b. Project: 32
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 204,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$ 204,000⁰⁰</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$ ⁰⁰</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$ ⁰⁰</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$ ⁰⁰</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$ ⁰⁰</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 408,000⁰⁰</td></tr> </table>	a. Federal	\$ 204,000 ⁰⁰	b. Applicant	\$ 204,000 ⁰⁰	c. State	\$ ⁰⁰	d. Local	\$ ⁰⁰	e. Other	\$ ⁰⁰	f. Program Income	\$ ⁰⁰	g. TOTAL	\$ 408,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/13/03 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 204,000 ⁰⁰														
b. Applicant	\$ 204,000 ⁰⁰														
c. State	\$ ⁰⁰														
d. Local	\$ ⁰⁰														
e. Other	\$ ⁰⁰														
f. Program Income	\$ ⁰⁰														
g. TOTAL	\$ 408,000 ⁰⁰														

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No
--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Ruth Coleman	b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative 		e. Date Signed 8/12/03

RECEIVED
AUG 13 2003
STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 6, 2003		Applicant Identifier N/A	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01522	

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation	Organizational Unit: California Department of Parks and Recreation
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001	Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
[] [] -- [] [] [] [] [] [] [] []

7. TYPE OF APPLICANT: (enter appropriate letter in box) **A**

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es) [] []
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
Department of the Interior
National Park Service - Western Region 1443

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
[1] [5] - [9] [1] [6]
TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Villegas Park Development
City of Riverside
3900 Main Street
Riverside, CA 92522

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-62000

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 42

15. ESTIMATED FUNDING:

a. Federal	\$	142,690 ⁰⁰
b. Applicant	\$	142,690 ⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	285,380 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. ☒ YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE 8-12-03
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Ruth Coleman	b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative <i>Betty Ettinger</i>		e. Date Signed <u>8/13/03</u>

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

August 8, 2003

Applicant Identifier

1. TYPE OF SUBMISSION

Application
ConstructionPreapplication
Construction

3. DATE RECEIVED BY STATE

State Application Identifier

X - Non-Construction

Non-Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Fresno County Economic Opportunities Commission

Address (give city, county, state, and zip code)

1920 Mariposa Mall - Suite 300
Fresno, CA 93721
Fresno, County

Organizational Unit

Same

Name and telephone number of the person to be contacted on matters
involving this application (give area code)Lucianna Ventresca, Sanctuary Director
Phone - (559) 498-8543 - ext. 110
Fax - (559) 498-8519

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

94 - 1606519

8. TYPE OF APPLICATION:

X - New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICATION: (enter appropriate letter in box) N

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) Private non-profit

9. NAME OF FEDERAL AGENCY:

U. S. Department of Health & Human Services
Administration for Children & Families

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93-571

Title: COMMUNITY FOOD & NUTRITION PROGRAM

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

FCEOC Sanctuary
Community Food & Nutrition Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Fresno County and City

13. PROPOSED PROJECT:

Start Date Ending Date
Sept. 30, 2003 Sept. 29, 2004

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
18b. Project
15, 17, 18

15. ESTIMATED FUNDING:

a. Federal	50,000
b. Applicant	0
c. State	0
d. Local	0
e. Other	0
f. Program Income	0
g. TOTAL	\$50,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. ☒ YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: August 8, 2003

b. NO PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

If "Yes" attach an explanation

No X

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.a. Typed Name of Authorized Representative
Roger Palominob. Title
EOC Executive Directorc. Telephone number
(559) 263-1010

d. Signature of Authorized Representative

e. Date Signed

Authorized for Local Reproduction

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>August 12, 2003</u>	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: <u>Lakeshore Heights Mutual Water Co.</u>		Organizational Unit: <u>Mutual Water Co.</u>	
Address (give city, county, State, and zip code): <u>P.O. Box 313</u> <u>Lakehead, CA 96051</u>		Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Jim Jones 530 238 8809</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-611540</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input checked="" type="checkbox"/> N. Other (Specify) <u>Mutual Water Company</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration Other (specify): <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVE AUG 12 2003 STATE CLEARING HOUSE </div>		9. NAME OF FEDERAL AGENCY: <u>Rural Development</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-760</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Construct 200,000 gallon water storage facility + upgrade existing system.</u>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Lakehead CA Comm. Service Area</u>		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: <u>Shasta County</u>		15. ESTIMATED FUNDING:	
Start Date <u>1-04</u>	Ending Date <u>6-04</u>	a. Applicant <u>2</u>	b. Project <u>2</u>
a. Federal \$ <u>300,000</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8-11-03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant \$ <u>10,000</u>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
c. State \$			
d. Local \$			
e. Other \$			
f. Program Income \$			
g. TOTAL \$ <u>310,000</u>			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>Jim Jones</u>		b. Title <u>President</u>	
c. Telephone Number <u>530 238 8809</u>		d. Signature of Authorized Representative <u>[Signature]</u>	
e. Date Signed <u>8-12-03</u>			

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		August 12, 2003	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Lakeshore Heights Mutual Water Co.		Mutual Water Co.	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Box 313 Lakehead CA 96051		Jim Jones 530 238 8809	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
94-411540		<input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) <u>Mutual Water Company</u>	
B. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
10-760		Construct 200,000 gallon water storage facility + upgrade existing system	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
Lakehead CA Comm. Service Area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 1-24 Ending Date: 6-04 a. Applicant: 2 b. Project: 2		Shasta County	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal: \$ 300,000 b. Applicant: \$ 10,000 c. State: \$ d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: \$ 310,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8-11-03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Jim Jones		President	530 238 8809
d. Signature of Authorized Representative		e. Date Signed	
[Signature]		8-12-03	

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

DRAFT
8/8/03

Recipient ID:	5448
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT
Project ID:	CA-90-YXXX
Budget Number:	1 - Budget Pending Approval
Project Information:	Transit planning, ADA ops, maintenance

Part 1: Recipient Information

Project Number:	CA-90-YXXX	STATE CLEARING HOUSE
Recipient ID:	5448	
Recipient Name:	YOLO COUNTY TRANSPORTATION DISTRICT	
Address:	350 INDUSTRIAL WAY , WOODLAND, CA 95776 0000	
Telephone:	(530) 661-0816	
Facsimile:	(530) 661-1732	

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$1,473,901
Project Number:	CA-90-YXXX	Adjustment Amt:	\$0
Project Description:	Transit planning, ADA ops, maintenance	Total Eligible Cost:	\$1,473,901
Recipient Type:	Other Governmental Organization	Total FTA Amt:	\$1,179,121
FTA Project Mgr:		Total State Amt:	\$0
Recipient Contact:	Martie Dote	Total Local Amt:	\$294,780
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0

111-00 BUS - ROLLING STOCK	10	\$515,000	\$643,750
ACTIVITY			
11.17.00 VEH OVERHAUL (UP TO 20% VEH MAINT)	10	\$515,000	\$643,750
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	0	\$343,836	\$429,795
ACTIVITY			
11.44.03 REHAB/RENOVATE - ADMIN/MAINT FACILITY	0	\$343,836	\$429,795
SCOPE			
113-00 BUS - STATION/STOPS/TERMINALS	0	\$128,000	\$160,000
ACTIVITY			
11.34.20 REHAB/RENOVATE - MISC BUS STATION EQUIPMENT	0	\$128,000	\$160,000
SCOPE			
442-00 METROPOLITAN PLANNING	0	\$82,400	\$103,000
ACTIVITY			
44.27.00 OTHER ACTIVITIES	0	\$82,400	\$103,000
Estimated Total Eligible Cost:			\$1,473,901
Federal Share:			\$1,179,121
Local Share:			\$294,780

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

Extended Budget Descriptions

30.09.80	OPERATING ASSISTANCE - 80% (USE FPC 00)	0	\$109,885	\$137,356
ADA operating assistance, MTIP Amendment 03-04 to the 2003/05 MTIP, page 52, project number YCT 14000; provide offset of operating costs for ADA services				

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

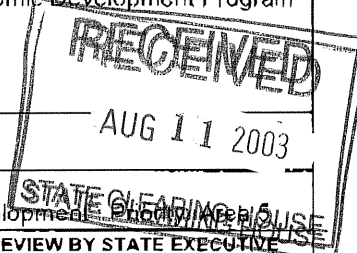
FEDERAL ASSISTANCE		2. DATE SUBMITTED August 11, 2003		Applicant Identifier N/A	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01504	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: California Department of Parks and Recreation		
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001			Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []			7. TYPE OF APPLICANT: (enter appropriate letter in box) [A] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ryder Park Development City of San Mateo 237 Ryder Street San Mateo, CA 94401		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 68252			RECEIVED AUG 11 STATE CLEARING		
13. PROPOSED PROJECT					
Start Date 11/1/03		Ending Date 6/30/08		14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant 03		b. Project 12			
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$ 295,754 ⁰⁰		a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/11/03	
b. Applicant		\$ 342,959 ⁰⁰		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State		\$ ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local		\$ ⁰⁰		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other		\$ ⁰⁰			
f. Program Income		\$ ⁰⁰			
g. TOTAL		\$ 638,713 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation		c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative				e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

needed 424
Sent earlier today

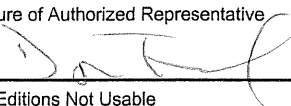
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED (11) August 12, 2003		Applicant Identifier EIN: 68-0453614	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier Will be assigned	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Christian Partnerships Incorporated			Organizational Unit: N/A		
Address (give city, county, State, and zip code): 2251 Florin Road Suite 136 Sacramento, CA 95822			Name and telephone number of person to be contacted on matters involving this application (give area code) Anquetett Fazil, (916) 424-4470		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 4 5 3 6 1 4			7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit 501(c)3</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: DHHS - Administration for Children and Families - Office of		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: []-[]-[]-[]-[]-[] TITLE: Will be assigned -			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MANNA - A Community Economic Development Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 12/31/03	Ending Date 12/31/04	a. Applicant Christian Partnerships Inc.		b. Project Community Economic Development	
15. ESTIMATED FUNDING: \$74,899.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 74,899.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00				
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 74,899.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Anquetett Fazil		b. Title Program Administrator		c. Telephone Number (916) 424-4470	
d. Signature of Authorized Representative <i>Anquetett Fazil</i>				e. Date Signed 8/11/03	



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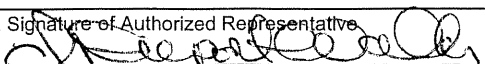
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

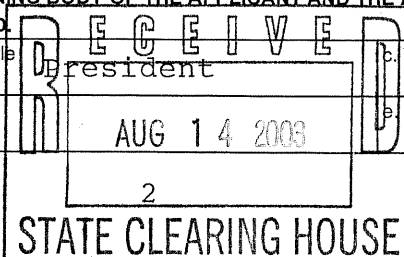
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 23, 2003	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: City of Watsonville		Organizational Unit: City of Watsonville Municipal Airport		
Address (give city, county, state and zip code): 100 Aviation Way Watsonville, Santa Cruz County California 95076		Name and telephone number of the person to be contacted on matters involving this application (give area code) Don French (831) 728-6075		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 4 5 1		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 2 0 - 1 0 6 TITLE: Airport Improvement Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Watsonville Municipal Airport, Watsonville Santa Cruz County, California Construction of Security Fence		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Watsonville, California				
13. PROPOSED PROJECT: Start Date: 2003 Ending Date: 2003		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 17 b. Project: 17		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 140,000 .00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/25/2003		
b. Applicant	\$ 8,556 .00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372		
c. State	\$ 7,000 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 0 .00			
e. Other	\$ 0 .00			
f. Program Income	\$ 0 .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$ 155,556 .00	<input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative Donald E. French		b. Title Airport Manager		c. Telephone Number (831) 728-6075
d. Signature of Authorized Representative 		e. Date Signed 7-30-03		

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 6, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Ward Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): P. O. Box 77391 Los Angeles, CA 90007 Los Angeles County		Name and telephone number of person to be contacted on matters involving this application (give area code) 213-747-1188 Jacquelyn Dupont-Walker	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4206960		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) N Non-Profit Community Development Corporation </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE Community Economic Dev. Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enterprise for Humanity, a faith-based economic development initiative in South Los Angeles Priority Area 2 (IDP)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South Los Angeles			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/30/03	Ending Date 2/28/05	a. Applicant 35	b. Project 35
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 700,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE August 5, 2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 75,000.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$ 75,655.00		
f. Program Income	\$.00		
g. TOTAL	\$ 850,655.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jacquelyn Dupont-Walker		b. Title President	
d. Signature of Authorized Representative 		c. Telephone Number 213-747-1188 e. Date Signed August 6, 2003	

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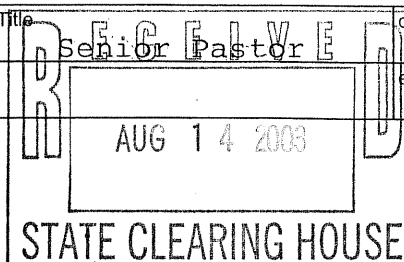
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102
CEDP/IDP

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 5, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Phillips Street Church of God of Pomona		Organizational Unit: Ministry of the Southern California Dream Center	
Address (give city, county, State, and zip code): 1024 E. Phillips Boulevard Pomona, CA 91766 Los Angeles County		Name and telephone number of person to be contacted on matters involving this application (give area code) 909-397-0735 Pastor Eddie Banales Sr.	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6225421		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Faith-Based Community Development</u> </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE: Community Economic Development		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: A Planning Project grant to create The Center for Faith-Based Entrepreneurship. Priority Area 5 - PP	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Pomona, Los Angeles County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/30/03	Ending Date 9/30/04	a. Applicant 38	b. Project 38
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>August 5, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 75,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Eddie Banales Sr.		b. Title Senior Pastor	
d. Signature of Authorized Representative		c. Telephone Number 909-397-0735	
		e. Date Signed August 5, 2003	

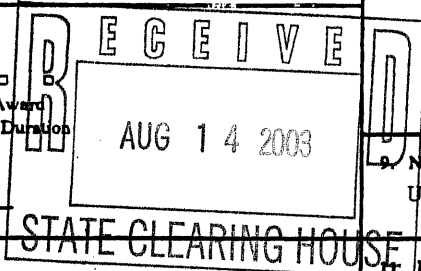
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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier														
5. APPLICANT INFORMATION Legal Name: Bay Area Air Quality Management District Address (give city, county, state, and zip code): 939 Ellis Street San Francisco, CA 94109		3. DATE RECEIVED BY STATE 	State Application Identifier														
6. EMPLOYER IDENTIFICATION (EIN): 94 - 1622746		4. DATE RECEIVED BY FEDERAL AGENCY 	Federal Identifier														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		7. TYPE OF APPLICANT: (enter appropriate letter here) A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 0 0 1 TITLE: Air Pollution Program		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano and Sonoma		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Air Pollution 105 Grant Support: Basic Grant \$ 1,298,743 CAPCOA Pass-thru 287,764 TOTAL GRANT REQUEST \$ 1,586,507															
13. PROPOSED PROJECT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Start Date</th> <th style="width:20%;">End Date</th> </tr> <tr> <td>10/1/03</td> <td>9/30/04</td> </tr> </table>		Start Date	End Date	10/1/03	9/30/04	14. CONGRESSIONAL DISTRICT OF: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">a. Applicant:</th> <th style="width:50%;">b. Project</th> </tr> <tr> <td>02</td> <td>04-13</td> </tr> </table>		a. Applicant:	b. Project	02	04-13						
Start Date	End Date																
10/1/03	9/30/04																
a. Applicant:	b. Project																
02	04-13																
15. Estimated Funding: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:70%;">\$ 1,586,507</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 19,057,130</td> </tr> <tr> <td>c. State</td> <td>\$ 1,863,870</td> </tr> <tr> <td>d. Local</td> <td>\$ 15,527,000</td> </tr> <tr> <td>e. Other</td> <td>\$ 492,739</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 38,527,246 .00</td> </tr> </table>		a. Federal	\$ 1,586,507	b. Applicant	\$ 19,057,130	c. State	\$ 1,863,870	d. Local	\$ 15,527,000	e. Other	\$ 492,739	f. Program Income	\$	g. TOTAL	\$ 38,527,246 .00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 8/12/03 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 1,586,507																
b. Applicant	\$ 19,057,130																
c. State	\$ 1,863,870																
d. Local	\$ 15,527,000																
e. Other	\$ 492,739																
f. Program Income	\$																
g. TOTAL	\$ 38,527,246 .00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
a. Typed Name of Authorized Representative. William C. Norton		b. Title: Executive Officer/ APCO	c. Telephone Number (415) 749-5052														
d. Signature of Authorized Representative 		e. Date Signed 8/13/03															



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		8-5-03	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: Allen Community Development Corporation	Organizational Unit:
Address (give city, county, State, and zip code): 916 LAGUNA STREET San FRANCISCO San FRANCISCO, CALIFORNIA 94115	Name and telephone number of person to be contacted on matters inv this application (give area code) Edgar Boyd (415) 921-4935

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-32111124	7. TYPE OF APPLICANT: (enter appropriate letter in box)
	<input checked="" type="checkbox"/> N. A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) NON-PROFIT COMMUNITY DEVELOPMENT CORPORATION

8. TYPE OF APPLICATION:	9. NAME OF FEDERAL AGENCY:
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	DHHS - ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
CSBG TITLE: COMMUNITY ECONOMIC DEVELOPMENT PROGRAM	FILLMORE RENAISSANCE MIXED-USE PROJECT
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): SAN FRANCISCO, SAN FRANCISCO COUNTY, CALIFORNIA	A commercial real estate project in a cultural district as part of a mixed-use complex. PRIORITY AREA 2 (IDP)

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date 10/1/03 9/30/08	NANCY PELOSI
a. Applicant CA 8TH	b. Project CA 8TH

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal OCS	\$ 700,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Applicant	\$	DATE 8/8/03
c. State	\$	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other ESIC equity loan; bank const. loan	\$ 11,237,304	
f. Program ESIC perm loan; TWU perm loan	\$	
g. TOTAL	\$ 11,937,304	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative EDGAR E. BOYD, REV.	b. Title Executive Director	c. Telephone Number 415-921-4935
d. Signature of Authorized Representative	e. Date Signed 8-5-03	

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STATE CLEARING HOUSE

Standard Form 424 (Rev. 7-97)
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(IDP)

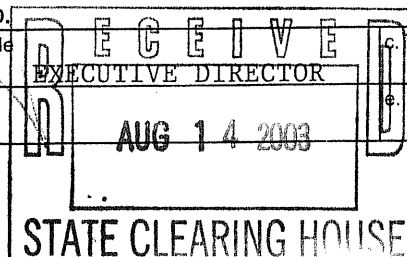
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED AUGUST 11, 2003		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: RUBICON PROGRAMS, INC.				Organizational Unit:	
Address (give city, county, State, and zip code): 2500 BISSELL AVENUE RICHMOND, CALIFORNIA 94804 CONTRA COSTA COUNTY				Name and telephone number of person to be contacted on matters involving this application (give area code) RICK AUBRY (510) 231-3927	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 2301550				7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) NON-PROFIT COMMUNITY DEVELOPMENT CORPORATION </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):				9. NAME OF FEDERAL AGENCY: DHHS - ACF/OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93 - 570 CSBG TITLE: COMMUNITY ECONOMIC DEVELOPMENT PROGRAM				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: RUBICON LANDSCAPE INSTALLATIONS PRIORITY AREA 1 (OP)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: GEORGE MILLER			
Start Date 10/1/03	Ending Date 9/30/06	a. Applicant CA 7TH		b. Project CA 7TH	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal OCS \$ 350,000 ⁰⁰		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/8/03			
b. Applicant \$ ⁰⁰		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State \$ ⁰⁰					
d. Local \$ ⁰⁰					
e. Other bank LOC \$ 350,000 ⁰⁰					
f. Program Income \$ ⁰⁰					
g. TOTAL \$ 700,000 ⁰⁰		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative RICK AUBRY		b. Title EXECUTIVE DIRECTOR		c. Telephone Number (510) 231-3927	
d. Signature of Authorized Representative		e. Date Signed AUGUST 4, 2003			

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OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 14, 2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Imperial Valley Regional Occupational Program		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Address (give city, county, State, and zip code): 687 State Street, El Centro, California 92243 Imperial County		Organizational Unit:		Name and telephone number of person to be contacted on matters involving this application (give area code) Mary N. Camacho, (760) 482-2666 or 482-2644	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 1 - 2 1 3 3 3 1 0		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		[H]	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 4 - 0 1 3 TITLE: AmeriCorps* VISTA Program Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AmeriCorps VISTA Program			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Calipatria and Community of Niland, Imperial County, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/01/03	Ending Date 09/30/06	a. Applicant 52nd		b. Project 52nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 493,761.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/14/03			
b. Applicant	\$ 17,886.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ 7,592.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 522,239.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Mary N. Camacho		b. Title Superintendent		c. Telephone Number 760-482-2666 or 482-2644	
d. Signature of Authorized Representative <i>Mary N. Camacho</i>		e. Date Signed August 14, 2003			

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		June 16, 2003	54-71860 Cutler-Orosi
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
		6/16/03	
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Cutler-Orosi Joint Unified School Dist.		school district	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
41855 Road 128 Orosi, CA 93647		Carolyn Kehrli 559-528-6949	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
77-0565326		<input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		USDA Redevelopment- Rural	
If Revision, enter appropriate letter(s) in box(es)			
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
10-766		Computer building for Family Education Center	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
Orosi, Cutler, Yettem - Tulare County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 9/03 Ending Date: 12/03 a. Applicant: 21st		b. Project: 21st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 25,135.00 b. Applicant \$ 20,565.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 45,700.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 16, 2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		c. Telephone Number	
Frank N. Murphy		559-528-4763	
d. Signature of Authorized Representative		e. Date Signed	
[Signature]		June 16, 2003	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application	Preapplication	June 16, 2003	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		6/16/03	
Legal Name:		Organizational Unit:	
Earlimart Elementary School District			
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
785 Center Street Earlimart, CA 93219		Roger Trujillo 661-849-4241	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
94-2191905		H	
8. TYPE OF APPLICATION:		A. State	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		H. Independent School Dist.	
If Revision, enter appropriate letter(s) in box(es)		I. State Controlled Institution of Higher Learning	
A. Increase Award B. Decrease Award C. Increase Duration		J. Private University	
D. Decrease Duration Other(specify):		K. Indian Tribe	
		L. Individual	
		M. Profit Organization	
		N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
100-766		USDA Rural Development	
TITLE: Community Facilities		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		Restroom modernization of elementary school	
Earlimart School District- Tulare County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date Ending Date		Devin Nunes, District #21	
6/03 9/03		a. Applicant	
		b. Project	
		Modernization Project of Restrooms at Earlimart Elementary School	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 38,500	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 188,500	DATE June 16, 2003	
c. State	\$ 223,000	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 450,000	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		b. Title	c. Telephone Number
Roger Trujillo		Superintendent	661-849-4241
d. Signature of Authorized Representative		e. Date Signed	
[Signature]		June 16, 2003	

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661-849-4222

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:
 Application
☐ Construction
☐ Non-Construction
 Preapplication
☐ Construction
☒ Non-Construction

2. DATE SUBMITTED
 June 16, 2003

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:

Proteus, Inc.

Address (give city, county, state, and zip code):

1830 N. Dinuba Blvd.
Visalia CA 93291

Organizational Unit:

Administration

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Shawna Goodwin, Planner
(559) 733-5423 ext. 260

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 1 8 4 3 3 0

8. TYPE OF APPLICATION:

☐ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

N/A

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 7 6 6

TITLE: Community Facilities Grant

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

London, California - Tulare County

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District
 H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify): Non-Profit

9. NAME OF FEDERAL AGENCY:

USDA - Rural Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The Community Center in London, CA will receive: building repairs, educational resources and furniture.

13. PROPOSED PROJECT:

Start Date

7/1/03

Ending Date

N/A

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

21st

b. Project

Community Facility

15. ESTIMATED FUNDING:

a. Federal	\$	16,542	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
25% match		5,514	
f. Program Income	\$.00
g. TOTAL	\$	22,056	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Michael E. McCann

b. Title

Chief Executive Officer

c. Telephone number

(559) 733-5423

d. Signature of Authorized Representative

e. Date Signed

6-16-03

2

Form Approved Through 05/2004

OMB No. 0925-0001

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed 66-character length restrictions, including spaces.</i>		LEAVE BLANK—FOR PHS USE ONLY.	
		Type	Activity
		Review Group	Number
		Council/Board (Month, Year)	Formerly
			Date Received
1. TITLE OF PROJECT Effects of Welfare Reform on Infants Born to Immigrants			
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If "Yes," state number and title) Number: HRSA 03-060 Title: HRSA Maternal and Child Health Research Program			
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR		New Investigator <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3a. NAME (Last, first, middle) Bitler, Marianne P.	3b. DEGREE(S) PhD		
3c. POSITION TITLE Economist, Associate	3d. MAILING ADDRESS (Street, city, state, zip code) RAND 1700 Main St., PO Box 2138 Santa Monica CA 90407-2138		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT Labor & Population		RAND Proposal # 2003-710	
3f. MAJOR SUBDIVISION			
3g. TELEPHONE AND FAX (Area code, number and extension) TEL: 310 393 0411 ext 6012 FAX: 310 451 7084		E-MAIL ADDRESS: Marianne_Bitler@rand.org	
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	4a. Research Exempt <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If "Yes," Exemption No. A	5. VERTEBRATE ANIMALS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	4b. Human Subjects Assurance No. FWA 0000 3425 IRB 0000 0051	4c. NIH-defined Phase III Clinical Trial <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	5a. If "Yes," IACUC approval Date
			5b. Animal welfare assurance no
6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY) From 02/01/2004 Through 01/31/2006		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) 58,939	
		7b. Total Costs (\$) 101,356	
		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 8a. Direct Costs (\$) 118,157	
		8b. Total Costs (\$) 211,241	
9. APPLICANT ORGANIZATION Name RAND Address 1700 Main Street, PO Box 2138 Santa Monica, CA 90407-2138 Institutional Profile File Number (if known) 60 Other Research		10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input checked="" type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged	
		11. ENTITY IDENTIFICATION NUMBER 95 1958142 DUNS NO. (if available) 00 691 4071 Congressional District 29th	
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Sheila Logue Title Contract and Grant Administrator Address 1700 Main St., PO Box 2138 Santa Monica CA 90407-2138 Tel 310 393 0411 ext 6702 FAX 310 451 6973 E-Mail nihnga@rand.org		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Donna J. Lee Title Contract and Grant Administrator Address 1700 Main St., PO Box 2138 Santa Monica CA 90407-2138 Tel 310 393 0411 ext 7354 FAX 310 451 6973 E-Mail dlee@rand.org	
14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF PI/PD NAMED IN 3a. (In ink. "Per" signature not acceptable.) <i>Marianne P. Bitler</i>	
15. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 13. (In ink. "Per" signature not acceptable.) <i>Donna J. Lee</i>	
		DATE 8/11/03	
		DATE Aug 14, 2003	

OMB Approval No. 0348-0043

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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 6, 2003	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01512
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Organizational Unit: California Department of Parks and Recreation Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] -- [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px;">A</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">1 5 -- 9 1 6</div> TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Crabtree Park Dev. Arden Manor Recreation & Park District 1415 Rushden Drive Sacramento, CCCA 95864	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-64000			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 03
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 101,388 ⁰⁰	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/06/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 101,388 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 202,776 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative <i>Betty Ettinger</i>	
e. Date Signed 8/6/2003			

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OMB Approval No. 0348-0043

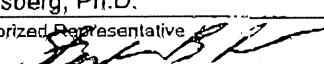
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 6, 2003	Applicant Identifier N/A
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01502
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-64000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bohemian Park Dev. Fulton-El Camino Recreation & Park District 2201 Cottage Way Sacramento, CA 95825	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 05
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 33,150 ⁰⁰	<input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/06/03	
b. Applicant	\$ 33,150 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 66,300 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		e. Date Signed 8/6/2003	
d. Signature of Authorized Representative <i>Betty Ettinger</i>			

Fax 916-323-3018

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 7, 2003		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Southern California Coastal Water Research Project			Organizational Unit:		
Address (give city, county, State, and zip code): 7171 Fenwick, Westminster, CA 92683			Name and telephone number of person to be contacted on matters involving this application (give area code): Eric Stein, Dr. Env. (714) 372-9233		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-2646053			7. TYPE OF APPLICANT: (enter appropriate letter in box) [G]		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-463 TITLE: Water Quality Cooperative Agreements			9. NAME OF FEDERAL AGENCY: Terry Fleming, U.S. EPA, San Francisco		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Southern California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Quantification of Natural Contributions During Wet and Dry Weather for Derivation of Load Allocations and Numeric Targets		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 10/1/03	Ending Date 9/30/05	a. Applicant 46		b. Project Southern California	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 110,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/06/03			
b. Applicant	\$ 90,022.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 200,022.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Stephen B. Weisberg, Ph.D.		b. Title Executive Director		c. Telephone Number (714) 372-9203	
d. Signature of Authorized Representative 				e. Date Signed 8/8/03	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 4, 2003	Applicant Identifier N/A
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01517
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] -- [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] -- [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-16742		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Covina Park Development City of Covina 125 E. College Street Covina, CA 91723	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 28
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 112,200 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/11/2003	
b. Applicant	\$ 112,200 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 224,400 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative <i>Betty Ettinger</i>	
e. Date Signed 8/8/03			

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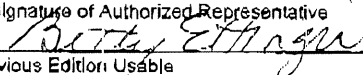
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 1, 2003	Applicant Identifier N/A
3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01524	

5. APPLICANT INFORMATION Legal Name: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Organizational Unit: California Department of Parks and Recreation Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] [] [] [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 0 auto;">A</div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;">1 5 - 9 1 6</div> TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mountain Avenue Park Development City of Duarte 1600 Huntington Drive Duarte, CA 91010	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-19990			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03	b. Project 32
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 153,000 ⁰⁰	a. <input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/11/2003	
b. Applicant	\$ 153,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ ⁰⁰		
d. Local	\$ _____ ⁰⁰		
e. Other	\$ _____ ⁰⁰		
f. Program Income	\$ _____ ⁰⁰		
g. TOTAL	\$ 306,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		e. Date Signed 9/8/03	
d. Signature of Authorized Representative 			

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 1, 2003		Applicant Identifier N/A	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01530	
5. APPLICANT INFORMATION					
Legal Name: California - Department of Parks and Recreation			Organizational Unit: California Department of Parks and Recreation		
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001			Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []			7. TYPE OF APPLICANT: (enter appropriate letter in box) [A] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Miles Avenue Park Development City of Indio 100 Civic Center Mall Indio, CA 92202		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-36448					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 11/1/03	Ending Date 6/30/08	a. Applicant 03		b. Project 45	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$		141,790 ⁰⁰	
b. Applicant		\$		141,790 ⁰⁰	
c. State		\$		00 ⁰⁰	
d. Local		\$		00 ⁰⁰	
e. Other		\$		50 ⁰⁰	
f. Program Income		\$		00 ⁰⁰	
g. TOTAL		\$		283,580 ⁰⁰	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/11/2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation		c. Telephone Number (916) 653-7423	
d. Signature of Authorized Representative <i>Betty Ettinger</i>				e. Date Signed 8/7/03	

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OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <u>Sonoma State University</u>			Organizational Unit: <u>State Controlled Institution of Higher Learning</u>		
Address (give city, county, State, and zip code): <u>1801 East Cotati Avenue</u> <u>Stevenson Hall 3004B</u> <u>Rehner Park, CA 94928-6349</u>			Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Robert Colman</u> <u>rdc.colman@sonoma.edu</u> Fax <u>(707) 664-4009</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>68-0338225</u>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> I. A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. <input checked="" type="checkbox"/> State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			9. NAME OF FEDERAL AGENCY: <u>U.S. Department of Commerce</u> <u>Economic Development Administration</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>111-209</u> TITLE: <u>Economic Adjustment</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>SSU Multi-Use Center</u> <u>Planning Study</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Roseland/Santa Rosa/Sonoma County/CA</u>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: <u>1st + 5th Congressional District</u>			
Start Date <u>01/04</u>	Ending Date <u>11/04</u>	a. Applicant <u>1st</u>		b. Project <u>5th</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>240,000</u> ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/11/03</u>			
b. Applicant	\$ _____ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ _____ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ <u>60,000</u> ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ _____ ⁰⁰				
f. Program Income	\$ _____ ⁰⁰				
g. TOTAL	\$ <u>300,000</u> ⁰⁰				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative <u>Robert Colman</u>		b. Title <u>Director, EPP</u>		c. Telephone Number <u>(707) 664-2393</u>	
d. Signature of Authorized Representative <u>Robert Colman</u>				e. Date Signed <u>7/29/03</u>	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ <u>X</u> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN) 68--0281986		4. Date Rec'd by Federal	Federal Identifier X 97915401
8. Type of Application: ____ New ____ X Revision ____ Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		Organizational Unit: Lahontan Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Chuck Curtis (530) 542-5460	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
12. Area Affected by Project: (cities, counties, states, etc.) Lake Tahoe area		9. Name of Federal Agency: U. S. Environmental Protection Agency	
13. Proposed Project: Start Date 7/1/02 End Date 9/30/05		11. Descriptive Title of Applicant's Project: To develop the Lake Tahoe Sediment and Nutrient Total Maximum Daily Load (TMDL) Report	
15. ESTIMATED FUNDING: a. Federal \$60,000 b. Applicant \$0 c. State \$60,000 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$120,000		14. Congressional District of: Applicant: 3 Project: California - All	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: August 11, 2003 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Typed Name of Authorized Representative Celeste Cantú		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ X NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 9, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier 68-0453614
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Christian Partnerships Inc.		Organizational Unit: Christian Partnerships Inc.																					
Address (give city, county, State, and zip code): 2251 Florin Road, Suite 134 Sacramento, CA 95822		Name and telephone number of person to be contacted on matters involving this application (give area code)																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68-0453614 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px;">n</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u> </div> </div>																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> <div>D. Decrease Duration</div> <div>Other(specify):</div> </div>		9. NAME OF FEDERAL AGENCY: Department of Health and Human Services																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> TITLE: Not Applicable		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <i>Community Economic Development Priority Area: 5 - Planning Project</i>																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County California																							
13. PROPOSED PROJECT Start Date: 12/31/03 Ending Date: 12/31/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Christian Partnerships Inc. b. Project: MANNA - A Community Economic Development Project																					
15. ESTIMATED FUNDING: \$75,000. - Planning only		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">274,899.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">15,100.00</td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">16,524.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">306,523.00</td></tr> </table>		a. Federal	\$	274,899.00	b. Applicant	\$	15,100.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$	16,524.00	g. TOTAL	\$	306,523.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	274,899.00																					
b. Applicant	\$	15,100.00																					
c. State	\$																						
d. Local	\$																						
e. Other	\$																						
f. Program Income	\$	16,524.00																					
g. TOTAL	\$	306,523.00																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																							
a. Type Name of Authorized Representative Annquett Fazil	b. Title Program Administrator	c. Telephone Number (916) 424-4470																					
d. Signature of Authorized Representative 		e. Date Signed 8/9/03																					

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"> <div> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. DATE SUBMITTED August 7, 2003	Applicant Identifier 																			
3. DATE RECEIVED BY STATE 		State Applicant Identifier 																				
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier 																				
5. APPLICANT INFORMATION																						
Legal Name: VALLEY ECONOMIC DEVELOPMENT CENTER, INC		Organizational Unit: BIZWORKS PROGRAM																				
Address (give city, county, State and zip code) 12502 Van Nuys Blvd., #119 Pacoima, CA 91331 LOS ANGELES COUNTY		Name and telephone number of person to be contacted on matters involving this application (give area code) ROBERTO BARRAGAN TEL: 818-907-9977																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3139419		7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>NON-PROFIT ECON. DEV. CORP</u> </div> </div>																				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: center; gap: 20px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>A. Increase Award B. Decrease Award C. Increase Duration</div> <div>D. Decrease Duration Other (specify):</div> </div>		9. NAME OF FEDERAL AGENCY: Dept. of Health & Human Services																				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Community Services Block Grant-Discretionary 9 3 5 7 0 <small>(Awards Urban & Rural Econ. Dev.)</small>		11. DESCRIPTION OF APPLICANT'S PROJECT: BizWorks Access to Capital (ATC) Project																				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Northeast San Fernando Valley, CA/ City of LA		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg); text-align: center;"> RECEIVED AUG 11 2003 STATE CLEARINGHOUSE </div>																				
13. PROPOSED PROJECT 29 Months																						
14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex;"> <div style="width: 50%;"> a. Applicant 26 </div> <div style="width: 50%;"> b. Project Various, including but not limited to 26, 27, 28, 30, 31 </div> </div>		16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/4/2003</u> b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																				
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 70%;">557,068.64</td> </tr> <tr> <td>b. Applicant</td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">\$</td> <td>674,820.83</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">\$</td> <td>-</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$</td> <td>1,231,889.47</td> </tr> </table>				a. Federal	\$	557,068.64	b. Applicant			c. State			d. Local			e. Other	\$	674,820.83	f. Program Income	\$	-	g. TOTAL
a. Federal	\$	557,068.64																				
b. Applicant																						
c. State																						
d. Local																						
e. Other	\$	674,820.83																				
f. Program Income	\$	-																				
g. TOTAL	\$	1,231,889.47																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Type name of Authorized Representative ROBERTO BARRAGAN		b. Title PRESIDENT																				
c. Telephone Number 818-907-9977		d. Signature of Authorized Representative 																				
e. Date signed 8/7/2003																						

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED:
8/07/2003

Applicant Identifier 09CH7057

1. TYPE OF SUBMISSION

Application

Preapplication

☐ Construction

☐ Construction

☒ Non-Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE:

8/07/2003

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

8/08/2003

Federal Identifier

94-1640546

5. APPLICANT INFORMATION

Legal Name: Community Action Agency of Butte Co., Inc.

Organizational Unit: Early Head Start

Address (give city, county, state, and zip code)

2255 Del Oro
Oroville, CA 95965
Butte

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Marc Richmond
Director

(530) 538-6055

6. EMPLOYER IDENTIFICATION NUMBER (EIN)

9 4 - 1 6 4 0 5 4 6

8. TYPE OF APPLICATION

☐ New

☒ Continuation

☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐

☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT (enter appropriate letter in box)

☒ N

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (specify) Non-profit

9. NAME OF FEDERAL AGENCY

Health and Human Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11 11 - 11 11

TITLE: Early Head Start

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Early Head Start serving 64 women, infants and toddlers in Oroville, Chico, Butte County, California

12. AREAS AFFECTED BY PROJECT

Butte County, California

13. PROPOSED PROJECT:

Start Date
10/01/2002

Ending Date
9/30/2004

14. CONGRESSIONAL DISTRICTS OF:

a Applicant

b Project

15. ESTIMATED FUNDING

a Federal \$ 16,000.00

b Applicant \$ 4,000.00

c State \$ 0.00

d Local \$ 0.00

e Other \$ 0.00

f Program Income \$ 0.00

g Total \$ 20,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE AUG 8 2003

b NO

☐

PROGRAM IS NOT COVERED BY E.O. 12372

☐

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative

Thomas P. Tenorio

b Title

Executive Director

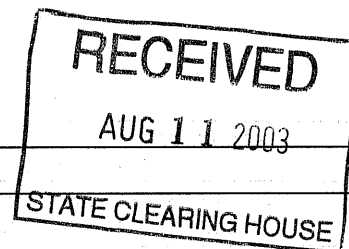
c Telephone number

(530) 538-7559

b Signature of Authorized Representative

e Date Signed

8/08/2003



OMB Approval No. 0348-0043

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 8, 2003		Applicant Identifier																											
		3. DATE RECEIVED BY STATE		State Application Identifier																											
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																									
5. APPLICANT INFORMATION																															
Legal Name: Bronze Triangle Development Corporation				Organizational Unit: Community Development																											
Address (give city, county, State, and zip code): 2953 Imperial Ave San Diego, CA 92102				Name and telephone number of person to be contacted on matters involving this application (give area code) Gale (619) 233-1385																											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3 0 — 0 1 1 8 1 7 9 </div>				7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit CDC</u> </div> </div>																											
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>																															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 3 — 5 7 0 </div> TITLE: CSBG DISC																															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning Grant Priority Area (5) will provide employment and business development opportunities for low-income individuals.																											
13. PROPOSED PROJECT Start Date: 10/1/03 Ending Date: 9/30/04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 53 b. Project: 53																													
15. ESTIMATED FUNDING:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>08/08/03</u> b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">75,000</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>75,000</td> <td>.00</td> </tr> </table>						a. Federal	\$	75,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$
a. Federal	\$	75,000	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	75,000	.00																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative Gale Walker				b. Title President & CEO																											
d. Signature of Authorized Representative 				c. Telephone Number (619) 233-1385 e. Date Signed 8/8/03																											

RECEIVED

AUG 11 2003

STATE CLEARING HOUSE

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 7, 2003		Applicant Identifier N/A	
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier SAI-EXEMPT	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 06-01505	

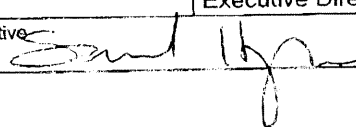
5. APPLICANT INFORMATION		
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174
6. EMPLOYER IDENTIFICATION NUMBER (EIN) [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06- 67000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McLaren Park DEV San Francisco Rec. & Park Department 30 Van Ness, 5th. floor San Francisco, CA 94102
13. PROPOSED PROJECT Start Date 11/1/03 Ending Date 6/30/08		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 08
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/11/2003 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal \$ 154,020.00 b. Applicant \$ 154,020.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 308,040.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative Betty Ettinger
e. Date Signed 8/8/03		

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 11, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Imperial Valley Housing Authority		Organizational Unit: Housing Authority	
Address (give city, county, State, and zip code): 1401 "D" Street Brawley, Imperial County, California 92227		Name and telephone number of person to be contacted on matters involving this application (give area code): Bill McNees, Deputy Executive Director of Development (7760) 351-7000	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6003977		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Housing Authority</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-405 TITLE: Farm Labor Housing Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sunset Garden Apartments Construction of a new 40 unit Low-Income Farm Labor Rental Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Heber, County of Imperial, State of California			
13. PROPOSED PROJECT Start Date: 1/1/04 Ending Date: 1/1/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 51st b. Project: 51st	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 2,846,694.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 2,846,694.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 5,693,388.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Andrea D. Roark		b. Title Executive Director	c. Telephone Number (760) 351-7000
d. Signature of Authorized Representative Andrea D. Roark		e. Date Signed 8/11/03	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 8, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Community Equity Partners, Inc		Organizational Unit: Economic Development	
Address (give city, county, State, and zip code): 6601 Center Drive West #500 Los Angeles, CA 90045		Name and telephone number of person to be contacted on matters involving this application (give area code): Sam Hughes 310 348-8177	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4752278		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE: CSBG Discretionary		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Development Loan Priority Area 4 Development Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 9/30/06	a. Applicant 32nd Congressional District b. Project 37th Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 350,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/09/03	
b. Applicant	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$ 600,000.00		
f. Program Income	\$.00		
g. TOTAL	\$ 950,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Samuel Hughes		b. Title Executive Director	
d. Signature of Authorized Representative 		c. Telephone Number (310) 348-8177 e. Date Signed 8-8-03	

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 08.11.03		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: LTSC Community Development Corporation			Organizational Unit:		
Address (give city, county, state, and zip code): 231 E 3rd Street Los Angeles CA 90013			Name and telephone number of person to be contacted on matters involving this application (give area code): Cooke Sunoo 213.473.1603		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4444102			7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) 501(c)(3) <input checked="" type="checkbox"/> N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award D. Decrease Duration Other(specify):			9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 913-570			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Asian Immigrant Microenterprise Employment (AIME)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, CA			13. PROPOSED PROJECT Start Date: 09-30-03 Ending Date: 9-30-06 14. CONGRESSIONAL DISTRICTS OF: 33rd Royal Allard 30th Becerra		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/8/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal \$500,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
b. Applicant \$250,000					
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$750,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative BILL WATANABE		b. Title Executive Director		c. Telephone Number 213.473.1603	
d. Signature of Authorized Representative 				e. Date Signed 08-07-03	

Org Name: NORTHEAST VALLEY HEALTH UDS Number: 091000

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/1/2003	Applicant Identifier														
3. DATE RECEIVED BY STATE		State Application Identifier															
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier H80CS00139 H80CS00139 H80CS00139															
5. APPLICANT INFORMATION																	
Legal Name: NORTHEAST VALLEY HEALTH CORPORATION		Organizational Unit:															
Address (give city, county, state, and zip code) 1172 NORTH MACLAY AVENUE SAN FERNANDO, CA 91340-1328 <null>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kimberly Wyard 818-898-1388															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1237120632A1		7. TYPE OF APPLICANT (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Non-Profit</u>															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award D. Decrease Duration B. Decrease Award Other (specify): C. Increase Duration		9. NAME OF FEDERAL AGENCY: HHS, BPHC															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"> <tr><td>COMMUNITY HEALTH CENTERS</td></tr> <tr><td>HEALTHY SCHOOLS/HEALTHY COMMUNITIES PROGRAMS</td></tr> <tr><td>COMMUNITY HEALTH CENTERS</td></tr> </table>		COMMUNITY HEALTH CENTERS	HEALTHY SCHOOLS/HEALTHY COMMUNITIES PROGRAMS	COMMUNITY HEALTH CENTERS	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Continuation Project: 1) Community Health Center 2) Health Care for Homeless 3) Health Schools Healthy Communities												
COMMUNITY HEALTH CENTERS																	
HEALTHY SCHOOLS/HEALTHY COMMUNITIES PROGRAMS																	
COMMUNITY HEALTH CENTERS																	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): LA County, San Fernando Valleys & Santa Clarita		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED AUG - 8 2003 STATE CLEARING HOUSE </div>															
13. PROPOSED PROJECT: <table border="1"> <tr> <th>Start Date</th> <th>Ending Date</th> </tr> <tr> <td>12/01/2003</td> <td>11/30/2004</td> </tr> </table>		Start Date	Ending Date	12/01/2003	11/30/2004	14. CONGRESSIONAL DISTRICTS OF <table border="1"> <tr> <th>a. Applicant</th> <th>b. Project</th> </tr> <tr> <td>26</td> <td>24, 25, 26, 27</td> </tr> </table>		a. Applicant	b. Project	26	24, 25, 26, 27						
Start Date	Ending Date																
12/01/2003	11/30/2004																
a. Applicant	b. Project																
26	24, 25, 26, 27																
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>6,633,915.00</td></tr> <tr><td>b. Applicant</td><td>0.00</td></tr> <tr><td>c. State</td><td>9,206,724.00</td></tr> <tr><td>d. Local</td><td>4,246,330.00</td></tr> <tr><td>e. Other</td><td>748,855.00</td></tr> <tr><td>f. Program Income</td><td>14,273,715.00</td></tr> <tr><td>g. TOTAL</td><td>35,109,539.00</td></tr> </table>		a. Federal	6,633,915.00	b. Applicant	0.00	c. State	9,206,724.00	d. Local	4,246,330.00	e. Other	748,855.00	f. Program Income	14,273,715.00	g. TOTAL	35,109,539.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>08/01/2003</u> b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	6,633,915.00																
b. Applicant	0.00																
c. State	9,206,724.00																
d. Local	4,246,330.00																
e. Other	748,855.00																
f. Program Income	14,273,715.00																
g. TOTAL	35,109,539.00																
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Typed Name of Authorized Representative Kimberly Wyard		b. Title CEO															
d. Signature of Authorized Representative Electronically Signed by: Kimberly Wyard		c. Telephone Number 818-898-1388															
		e. Date Signed 8/1/2003															

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 16, 2003	Applicant Identifier 54-71860 Cutler-Orosi
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: <u>Cutler-Orosi Joint Unified School Dist.</u> <u>school district</u> Address (give city, county, State, and zip code): 41855 Road 128 Orosi, CA 93647		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Carolyn Kehrli 559-528-6949
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;"> 77-0565326 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> H <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____ </div> </div>
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: USDA Redevelopment- Rural
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px;"> 10-766 </div> TITLE: <u>Community Facilities</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Computer building for Family Education Center
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orosi, Cutler, Yettem - Tulare County	
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13. PROPOSED PROJECT Start Date: <u>9/03</u> Ending Date: <u>12/03</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>21st</u> b. Project: <u>21st</u>
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">.00</td> <td style="width: 60%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">25,135</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">20,565</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">45,700</td> </tr> </table>	a. Federal	\$.00		b. Applicant	\$.00	25,135	c. State	\$.00	20,565	d. Local	\$.00		e. Other	\$.00		f. Program Income	\$.00		g. TOTAL	\$.00	45,700	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>June 16, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$.00																											
b. Applicant	\$.00	25,135																										
c. State	\$.00	20,565																										
d. Local	\$.00																											
e. Other	\$.00																											
f. Program Income	\$.00																											
g. TOTAL	\$.00	45,700																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative <u>Frank N. Murphy</u>	b. Title <u>Superintendent</u>	c. Telephone Number <u>559-528-4763</u>
d. Signature of Authorized Representative 		e. Date Signed <u>June 16, 2003</u>

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/16/03	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION
 Legal Name: SOUTH TULARE COUNTY MEMORIAL DISTRICT
 Address (give city, county, State, and zip code):
P.O. BOX 10148, EARLHART, CA 93219-0148
 Organizational Unit:
 Name and telephone number of person to be contacted on matters involving this application (give area code):
JOE McPHERTRIDGE 559-757-3870

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
94-6024065
8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY:
USDA RURAL DEVELOPMENT

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
10-766
 TITLE: COMMUNITY FACILITIES LOANS AND GRANTS
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
TIPTON, TULARE COUNTY, USA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
REPLACE HVAC SYSTEM
TIPTON MEMORIAL BLDG.

13. PROPOSED PROJECT
 Start Date: OCT, 2003 Ending Date: SEPT, 2004
15. ESTIMATED FUNDING:

a. Federal	\$	<u>60,000</u> . ⁰⁰
b. Applicant	\$	<u>20,000</u> . ⁰⁰
c. State	\$	
d. Local	\$	<u>20,000</u> . ⁰⁰
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	<u>80,000</u> . ⁰⁰

14. CONGRESSIONAL DISTRICTS OF:
Devin Nunes
 a. Applicant: 20
 b. Project: 20
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 6/16/03
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <u>Joe Ray McPhetridge</u>	b. Title <u>DIRECTOR</u>	c. Telephone Number <u>559-757-3870</u>
d. Signature of Authorized Representative <u>Joe Ray McPhetridge</u>		e. Date Signed <u>6/13/03</u>

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 16, 2003	Applicant Identifier 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY														
5. APPLICANT INFORMATION Legal Name: <u>Earlimart Elementary School District</u> Address (give city, county, State, and zip code): <u>785 Center Street</u> <u>Earlimart, CA 93219</u>		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Roger Trujillo 661-849-4241</u>															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 94-2191905 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> <div>D. Decrease Duration</div> <div>Other(specify):</div> </div>		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 10-766 </div> TITLE: <u>Community Facilities</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Restroom modernization of elementary school</u>															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Earlimart School District- Tulare County</u>																	
13. PROPOSED PROJECT Start Date: <u>6/03</u> Ending Date: <u>9/03</u>		14. CONGRESSIONAL DISTRICTS OF: <u>Devin Nunes, District #21</u>															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 38,500.00</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$ 188,500.00</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$ 223,000.00</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$.00</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$.00</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$.00</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 450,000.00</td></tr> </table>		a. Federal	\$ 38,500.00	b. Applicant	\$ 188,500.00	c. State	\$ 223,000.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 450,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>June 16, 2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 38,500.00																
b. Applicant	\$ 188,500.00																
c. State	\$ 223,000.00																
d. Local	\$.00																
e. Other	\$.00																
f. Program Income	\$.00																
g. TOTAL	\$ 450,000.00																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative <u>Roger Trujillo</u>		b. Title <u>Superintendent</u>															
c. Telephone Number <u>661-849-4241</u>		e. Date Signed <u>June 16, 2003</u>															
d. Signature of Authorized Representative 																	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 8, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Alameda County Community Food Bank		Organizational Unit: Education, Advocacy and Outreach Department	
Address (give city, county, State, and zip code): PO Bxo 24590 Oakland, CA 94623		Name and telephone number of person to be contacted on matters involving this application (give area code): Jessica Bartholow, Director of Education, Advocacy and Outreach (510) 834-3663, Ext. 307	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2960297		7. TYPE OF APPLICANT: (enter appropriate letter in box) n	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Private NPO	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE: Community Food and Nutrition Program		9. NAME OF FEDERAL AGENCY: DHHS ACF/OCS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alameda County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Summer Lunch Outreach Project CFNP General Projects Priority Area 1.0	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/30/03	Ending Date 9/30/04	a. Applicant 9	b. Project 9, 10, 11 and 13
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000.00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/8/03	
b. Applicant	\$ 4,000.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$ 8,000.00		
f. Program Income	\$.00		
g. TOTAL	\$ 62,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Suzan W. Bateson		b. Title Executive Director	c. Telephone Number (501) 834-3663
d. Signature of Authorized Representative 		e. Date Signed 08/08/03	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 8, 2003	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: FoodLink for Tulare County, Inc.		Organizational Unit: FoodLink for Tulare County, Inc.	
Address (give city, county, State, and zip code): 7427 W. Sunnyview Visalia, CA 93291		Name and telephone number of person to be contacted on matters involving this application (give area code): Sandy Beals, (559) 651-3663	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 -- 2 5 5 8 8 0 2		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N]	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>nonprofit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 3 -- 5 7 1 TITLE: Community Food and Nutrition Program		9. NAME OF FEDERAL AGENCY: Department of Health & Human Services, OCS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mobile Nutrition Services	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/03	Ending Date 10/31/04	a. Applicant District 21: Nunes	b. Project District 21: Nunes
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/08/03	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$ ⁰⁰	a. Type Name of Authorized Representative Sandy Beals	
g. TOTAL	\$ 50,000 ⁰⁰	b. Title Executive Director	
		c. Telephone Number (559) 651-3663	
		d. Signature of Authorized Representative	
		e. Date Signed	

ATTN: Sheila

Grants Coordinator
State Clearinghouse
Office of RevenueAPPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED Aug. 6, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Initiating Change in Our Neighborhoods CDC		Organizational Unit:	
Address (give city, county, State, and zip code): 12502 Van Nuys Blvd. Pacoima, CA 91331 Ste. 114		Name and telephone number of person to be contacted on matters involving this application (give area code): Juan M. Benitez (310) 213-9252	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4871106		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-576 TITLE: Comm. Econ. Dev. Prog.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Pacoima Comm.Econ Dev. Project Priority Area 5	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Pacoima, city of L.A., L.A. County, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/30/03	Ending Date 9/29/04	a. Applicant 28th District	b. Project 28th District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE Aug 6, 2003	
b. Applicant	\$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 9,900.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 33,210.00		
f. Program Income	\$ 0.00		
g. TOTAL	\$ 118,110.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Juan M. Benitez		b. Title President & CEO	c. Telephone Number (310) 213-9252
d. Signature of Authorized Representative 		e. Date Signed Aug 6, 2003	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 08/11/03	Applicant Identifier 8P20
<input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Application Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Silicon Valley Economic Development Corporation	Organizational Unit:
Address (give city, county, State, and zip code): 1155 North First Street, Suite 107 San Jose, CA 95112	Name and telephone number of person to be contacted on matters involving this application (give area code): Consuelo Santos-Killins 408.298.8455

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 — 2 7 1 1 8 5 1

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist. ☒ N
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) NPO

9. NAME OF FEDERAL AGENCY:

DHHS-ACF/OCS

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 3 — 5 7 0

TITLE: Community Economic Development Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

County of Santa Clara (California)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Family Assistance for Micro-Enterprise (FAME)
Priority Area 1. CEDP/OP

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date
09/30/03

Ending Date
02/28/05

a. Applicant
16

b. Project
13, 14, 15, 16

15. ESTIMATED FUNDING:

a. Federal	\$	483,758 ⁰⁰
b. Applicant	\$	179,098 ⁰⁰
c. State	\$	00 ⁰⁰
d. Local	\$	269,053 ⁰⁰
e. Other	\$	00 ⁰⁰
f. Program Income	\$	00 ⁰⁰
g. TOTAL	\$	931,909 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 08/11/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Consuelo Santos-Killins	b. Title President & CEO	c. Telephone Number 408.298.8455
d. Signature of Authorized Representative <i>Consuelo Santos-Killins</i>		e. Date Signed 08/08/03

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CEDP/OP

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

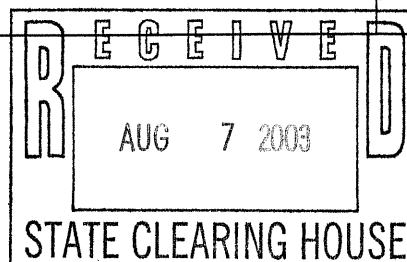
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 8, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Eureka Community Development Corporation		Organizational Unit: Economic Development	
Address (give city, county, State, and zip code): 13103 S. Stanford Los Angeles, CA 90059		Name and telephone number of person to be contacted on matters involving this application (give area code): Ben Robinson (323) 321-4680	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 01-0631971		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non profit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570 TITLE: CSBG Discretionary Grant		9. NAME OF FEDERAL AGENCY: DHHS-ACF/OCS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Los Angeles County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Planning Project (PP) Priority Area 5	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 9/30/04	a. Applicant Congressional District 37	
		b. Project Congressional District 37	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 75,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/08/03	
b. Applicant	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 75,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ben Robinson		b. Title Executive Director	c. Telephone Number (323) 321-4680
d. Signature of Authorized Representative		e. Date Signed	

UDS Number: 099480

OMB Approval No. 0348-0042

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier									
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier									
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier H80CS008									
5. APPLICANT INFORMATION													
Legal Name: WATTS HEALTHCARE CORPORATION			Organizational Unit:										
Address (give city, county, state, and zip code) 10300 SOUTH COMPTON AVE LOS ANGELES CA 90002-3628			Name and telephone number of the person to be contacted on matters involving this William D. Hobson President & CEO 323-568-4417										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1753046480A1			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual (Specify) Other: Public Non-Profit										
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: HHS, BPHC										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"> <tr><td></td><td>COMMUNITY HEALTH SERVICES</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>				COMMUNITY HEALTH SERVICES							11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Community health center providing preventive, primary and specialty care services to the medically under-served population of Central and South Los Angeles.		
	COMMUNITY HEALTH SERVICES												
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of Los Angeles, Cities of L.A., Compton, Lynwood													
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS											
Start Date 12/01/2003	Ending Date 11/30/2004	a. Applicant 37		b. Project 33, 35, 37									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS											
a. Federal	\$5,800,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/30/2003 b. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW											
b. Applicant	\$174,517.00												
c. State	\$2,677,616.00												
d. Local	\$3,080,605.00												
e. Other	\$280,000.00												
f. Program Income	\$13,885,128.00	17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?											
g. TOTAL	\$25,897,866.00	<input type="checkbox"/> YES If "Yes", attach an explanation <input checked="" type="checkbox"/> NO											
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.													
a. Typed Name of Authorized Representative William D. Hobson		b. Title President & CEO		c. Telephone Number 323-568-4417									
d. Signature of Authorized Representative				e. Date Signed									



APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 7, 2003	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Faith Based Community Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 620 Mission Avenue Oceanside, CA 92054		Name and telephone number of person to be contacted on matters involving this application (give area code): Daniel Scott-(760) 435-0600	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0826729		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N]	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit CDC</u>	
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: DHHS-ACF-OCs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-570		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Priority Area 4	
TITLE: CSBG DISC			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Oceanside/Escondido/North San Diego County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 9/30/06	a. Applicant 48	b. Project 48 & 51
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 350,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/07/03	
b. Applicant	\$ 120,000	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$ 550,000		
f. Program Income	\$		
g. TOTAL	\$ 1,020,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Daniel Scott		b. Title Executive Director	
c. Telephone Number (760) 435-0600		d. Date Signed 8/7/03	
e. Signature of Authorized Representative			

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication: <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 22, 2003	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01498
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Charlie Willard (916) 651-8597	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [5] - [] [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06- 07596i		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Vallecito Ranch Acquisition California Department of Parks and Recreation One Capitol Mall, Suite 350 Sacramento, CA 95814	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/03	Ending Date 8/30/06	a. Applicant 03	b. Project 52
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 750,000	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/4/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 3,250,000		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 4,000,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative <i>Betty Coleman</i>		e. Date Signed 8/4/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 11, 2003	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Vista Community Clinic		Organizational Unit: Health Promotion Center	
Address (give city, county, State, and zip code): 1000 Vale Terrace Vista, CA 92084		Name and telephone number of person to be contacted on matters involving this application (give area code): Barbara Mannino (760) 631-5000 x 4	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2815615		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Community Health</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		9. NAME OF FEDERAL AGENCY: DHHS/ACF/OCS	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Diego County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Habitos Sanos (Healthy Habits) - Community Food and Nutrition Project	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/03	Ending Date 9/30/04	a. Applicant 48	b. Project 48
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/6/03</u>	
b. Applicant	\$.00	b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 50,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Barbara Mannino		b. Title Executive Director	c. Telephone Number (760) 631-5000
d. Signature of Authorized Representative <i>Barbara Mannino</i>		e. Date Signed 7/30/03	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

Application for Federal Education Assistance (ED 424)


U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information
1. Name and Address

Organizational Unit

 Legal Name: LAKE AVENUE COMMUNITY FOUNDATION

 Address: 712 E. VILLA STREET

 City PASADENA

 State AUG 4 2003

 County LOS ANGELES ZIP Code + 4 91101 - 1298

 2. Applicant's D-U-N-S Number 13435408122

 3. Applicant's T-I-N 95-4847950

 4. Catalog of Federal Domestic Assistance #: 84.34111

 Title: COMMUNITY TECHNOLOGY
CENTERS PROGRAM

 5. Project Director: ANDY BALES

 Address: 712 E. VILLA STREET
PASADENA CA 91101-1298

City State Zip code + 4

Tel. #: (626) 449-4960 Fax #: (626) 449-5030

 E-Mail Address: ANDYB@LAKEAVE.ORG
Application Information
9. Type of Submission:

<input type="checkbox"/> PreApplication	<input type="checkbox"/> Application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

10. Is application subject to review by Executive Order 12372 process?

☒ Yes (Date made available to the Executive Order 12372 process for review): 7/21/03
☐ No (If "No," check appropriate box below.)

☐ Program is not covered by E.O. 12372.

☐ Program has not been selected by State for review.

 11. Proposed Project Dates: 1/12/04 12/20/04

Start Date:

End Date:

Estimated Funding

14a. Federal	\$ <u>301,045</u>	.00
b. Applicant	\$ <u>136,900</u>	.00
c. State	\$.00
d. Local; FDNS	\$ <u>123,270</u>	.00
e. Other G/K	\$ <u>43,900</u>	.00
f. Program Income	\$.00
g. TOTAL	\$ <u>603,115</u>	.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.):

ANDY BALES

 b. Title: EXECUTIVE DIRECTOR

c. Tel. #: (626) 449-4960 Fax #: (626) 449-5030

 d. E-Mail Address: ANDYB@LAKEAVE.ORG

e. Signature of Authorized Representative

 Date: 1/1

 8. Type of Applicant (Enter appropriate letter in the box.) I

A - State	F - Independent School District
B - Local	G - Public College or University
C - Special District	H - Private, Non-profit College or University
D - Indian Tribe	I - Non-profit Organization
E - Individual	J - Private, Profit-Making Organization

K - Other (Specify):

12. Are any research activities involving human subjects planned at any time during the proposed project period?

☒ Yes (Go to 12a.) ☐ No (Go to item 13.)

 12a. Are all the research activities proposed designated to be exempt from the regulations?

☒ Yes (Provide Exemption(s) #): 1, 2
☐ No (Provide Assurance #, if available):

13. Descriptive Title of Applicant's Project:

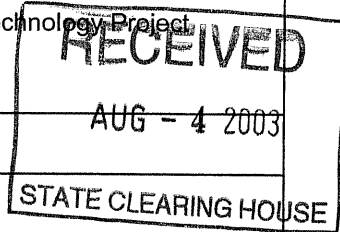
LAKE AVENUE COMMUNITY
TECHNOLOGY CENTER (LACTC)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 1, 2003	Applicant Identifier CA01942
3. DATE RECEIVED BY STATE N/A		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: City of Los Angeles		Organizational Unit: Local Government																					
Address (give city, county, State, and zip code): 200 N. Spring Street Los Angeles, CA 90012		Name and telephone number of person to be contacted on matters involving this application (give area code): Roberta M. Yang, Deputy Mayor for Public Safety (213) 978-0630																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 — 6 0 0 0 7 3 5 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">C</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) _____</div> </div>																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Justice, COPS Office																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 6 — 7 1 0 </div> TITLE: COPS Interoperable Communications Equipment Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Los Angeles Police Department Interoperable Communications Technology Project																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Los Angeles, and Los Angeles County																							
13. PROPOSED PROJECT Start Date: 10/1/03 Ending Date: 9/30/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Same b. Project: Same																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">6,000,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">2,000,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local *Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">8,000,000⁰⁰</td> </tr> </table>		a. Federal	\$	6,000,000 ⁰⁰	b. Applicant	\$	2,000,000 ⁰⁰	c. State	\$.00	d. Local *Applicant	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	8,000,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/31/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	6,000,000 ⁰⁰																					
b. Applicant	\$	2,000,000 ⁰⁰																					
c. State	\$.00																					
d. Local *Applicant	\$.00																					
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f. Program Income	\$.00																					
g. TOTAL	\$	8,000,000 ⁰⁰																					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																					
a. Type Name of Authorized Representative James K. Hahn	b. Title Mayor, City of Los Angeles	c. Telephone Number (213) 978-0600																					
d. Signature of Authorized Representative 		e. Date Signed 8/1/03																					



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 1, 2003	Applicant Identifier																												
		3. DATE RECEIVED BY STATE	State Application Identifier																												
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: Community Action Partnership of Sonoma County		Organizational Unit: Diversity Committee																													
Address (give city, county, State, and zip code): 1300 North Dutton Ave Santa Rosa, CA 95401		Name and telephone number of person to be contacted on matters involving this application (give area code) Karen Oswald, 707 544 6911																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 1 6 4 8 9 4 9 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-top: -15px;">N</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Comm Action Agen</u> </div> </div>																													
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: HHS; ACF; Office of Community Services																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 3 — 5 7 0 </div> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Diversity paper and video																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sonoma County, California		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> RECEIVED AUG - 4 2003 STATE CLEARING HOUSE </div>																													
13. PROPOSED PROJECT Start Date Ending Date 10/1/03 9/30/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Woolsey b. Project Woolsey																														
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">7,500</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">7,500</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	7,500	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	7,500	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>08/01/03</u> b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	7,500	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
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		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative Kai Nissley		b. Title Director of Programs																													
c. Telephone Number (707) 544-6911		e. Date Signed <u>8/1/03</u>																													
d. Signature of Authorized Representative <i>[Signature]</i>																															

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED June 25, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: County of Mariposa		Organizational Unit: Special District														
Address (give city, county, State, and zip code): 4639 Ben Hur Road Mariposa, CA 95338		Name and telephone number of person to be contacted on matters involving this application (give area code) (209) 966-5356 James J. Petropulos														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000880		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> G </div>														
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Award </div> <div style="width: 30%;"> B. Decrease Award Other(specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Agriculture Rural Development														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water & Waste Disposal Loan 10-760 TITLE: & Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction of new wastewater treatment plant including storage & disposal. Don Pedro wastewater treatment facilities														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): County of Mariposa		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG - 4 2003 STATE CLEARING HOUSE </div>														
13. PROPOSED PROJECT Start Date: 7/04 Ending Date: 5/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19th District b. Project:															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$2,647,300.00</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$.00</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$.00</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$.00</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$.00</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$.00</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 0.00</td></tr> </table>		a. Federal	\$2,647,300.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 0.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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c. State	\$.00															
d. Local	\$.00															
e. Other	\$.00															
f. Program Income	\$.00															
g. TOTAL	\$ 0.00															
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. Type Name of Authorized Representative James J. Petropulos	b. Title Director of Public Works	c. Telephone Number (209) 966-5356														
d. Signature of Authorized Representative		e. Date Signed 7/30/03														

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 29, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Community Action Partnership of Sonoma County	Organizational Unit: Youth Services
Address (give city, county, State, and zip code): 1300 North Dutton Ave Santa Rosa, CA 95401	Name and telephone number of person to be contacted on matters involving this application (give area code) Karen Oswald, 707 544 6911

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 — 1 6 4 8 9 4 9

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Comm Action Agey</u>

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award
D. Decrease Duration

B. Decrease Award
Other(specify):

C. Increase Duration

9. NAME OF FEDERAL AGENCY:
 HHS; ACF; Office of Community Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 3 — 5 7 0

TITLE:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Father's Matter

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Sonoma County, California

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:								
<table style="width:100%; font-size: x-small;"> <tr> <td style="width:15%;">Start Date</td> <td style="width:15%;">Ending Date</td> <td style="width:70%;">a. Applicant</td> </tr> <tr> <td>10/1/03</td> <td>9/30/04</td> <td>Woolsey</td> </tr> </table>	Start Date	Ending Date	a. Applicant	10/1/03	9/30/04	Woolsey	<table style="width:100%; font-size: x-small;"> <tr> <td style="width:15%;">b. Project</td> <td style="width:85%;">Woolsey</td> </tr> </table>	b. Project	Woolsey
Start Date	Ending Date	a. Applicant							
10/1/03	9/30/04	Woolsey							
b. Project	Woolsey								

15. ESTIMATED FUNDING: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">40,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">40,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	40,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	40,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/29/03</u> b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	40,000	.00																										
b. Applicant	\$.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	40,000	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.
 ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Helga Lemke	b. Title Executive Director	c. Telephone Number (707) 544-6911
d. Signature of Authorized Representative 		e. Date Signed 7/30/03

APPLICATION FOR FEDERAL ASSISTANCE

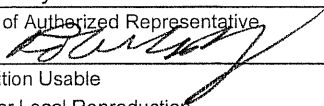
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 1, 2003		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Riverside			Organizational Unit: Riverside Police Department		
Address (give city, county, State, and zip code): 3900 Main St. Riverside, CA 92501			Name and telephone number of person to be contacted on matters involving this application (give area code): Linda Fonze, Sr. Mgmt Analyst, (909) 826-5869		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000769			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 83-566 TITLE: Interoperable Communication Equipment Grant			9. NAME OF FEDERAL AGENCY: Dept. of Justice, COPS Office		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Riverside			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Interoperable Communication Equipment Grant		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant 43		b. Project 43	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 5,625,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/01/03			
b. Applicant	\$ 1,875,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
f. Program Income	\$.00	a. Type Name of Authorized Representative Russ Leach		b. Title Chief of Police	
g. TOTAL	\$ 7,500,000.00	c. Telephone Number (909) 826-5940		d. Signature of Authorized Representative [Signature]	
		e. Date Signed 8-1-03			

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED July 22, 2003	Applicant Identifier
1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CITY OF LIVE OAK		Organizational Unit:	
Address (give city, county, State, and zip code): 9955 LIVE OAK BLVD LIVE OAK, CA 95953		Name and telephone number of person to be contacted on matters involving this application (give area code) Robert Hickey, City Manager 530.695.2112	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 — 6 0 0 0 3 5 8		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) </div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); font-weight: bold; font-size: 1.2em;"> RECEIVED AUG - 1 2003 STATE CLEARING HOUSE </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Dept. of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 7 6 0 TITLE: WATER AND WASTEWATER DISPOSAL LOAN		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Install 936 water meters, retrofit 554 meters with touch-read/rf metes, obtain software and computer hardware for new system. Install 500,000 gallon storage tank to provide needed storage capacity.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Live Oak			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/15/03	Ending Date 6/15/04	a. Applicant 2	b. Project 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,750,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 07/22/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 250,000 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 2,000,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert Hickey		b. Title City Manager	c. Telephone Number (530) 695-2112
d. Signature of Authorized Representative 		e. Date Signed 07/22/03	

OMB Approval No. 0346-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 1, 2003	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Sacramento		Organizational Unit: Police Department	
Address (give city, county, State, and zip code): 5770 Freeport Blvd., Suite 100 Sacramento, CA 95822 Sacramento County		Name and telephone number of person to be contacted on matters involving this application (give area code): Albert Najera 916) 433-0800	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000410		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. Department of Justice Office of Community Oriented Policing Serv.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16-710		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sacramento Regional Interoperability Demonstration Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento County, City of Sacramento			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 5	
Start Date 10/01/03	Ending Date 09/30/04	a. Applicant 5	b. Project 5
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 5,986,950	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/01/03	
b. Applicant	\$ 1,995,650	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 7,982,600	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert P. Thomas		b. Title City Manager	
c. Telephone Number 916) 808-5704		e. Date Signed 1 Aug 03	

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